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APPLICANTS

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** CONTINUING DATA *****
 This application is a CON of 09/906,127 07/16/2001 ABN *Ok mch*

** FOREIGN APPLICATIONS ***** *None md*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 08/16/2004

Foreign Priority claimed ☐ yes ☒ no
 35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance
 Verified and Acknowledged *Mary C. [Signature]* Examiner's Signature *ma md* Initials

STATE OR COUNTRY PA	SHEETS DRAWING 13	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
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ADDRESS
 51640
 SPINE MP
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 WESTFIELD, NJ
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TITLE
 Insertion tool for use with intervertebral spacers

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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